PASSWORD CHANGE INFORMATION
INFORMATION TECHNOLOGY DEPARTMENT
SFN 52378 (2-2004)

Information Technology Department requires individuals to complete this form and return it to the ITD Security Section. This information will be used to verify identification when anyone phones ITD and requests ITD personnel to reset passwords. Please mail to ITD Security, 600 E. Boulevard Ave, Bismarck, ND, 58505-0100 or fax to (701) 328-3000.

This is a question/answer system developed to provide additional security for password changes. ITD personnel will not reset passwords until the person requesting the change has provided the following information.

All fields on the form must be filled in. If any fields are left blank, the form will be returned to the department's IT Coordinator.

Please print clearly.

Instructions:

Information Item 1 Description: Enter a question that only you would know answer.
An example would be: Mother's maiden name?

Information Item 1 Answer: Enter the answer to question 1 above.

Information Item 2 Description: Enter a question that only you would know the answer.
An example would be: My favorite color?

Information Item 2 Answer: Enter the answer to question 2 above.

☐ Add   ☐ Change   ☐ Delete

Department Name	Department Number

Last Name	First Name	Middle Initial

Information Item 1 Description
Information Item 1 Value
Information Item 2 Description
Information Item 2 Value

Signature	Date